

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 476)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
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22						
23						
24						
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.						
TOTAL OFF.						
TOTAL						

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71	1					
72						
73						
74						
75						
76						
77						
78						
79						
80	1					
81						
82						
83						
84						
85						
86	1					
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100	1					
TOTAL NO.						
TOTAL OFF.						
TOTAL						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.						
TOTAL DEF.						
TOTAL						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
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80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
201							261						
202							262						
203							263						
204							264						
205							265						
206							266						
207							267						
208							268						
209							269						
210							270						
211							271						
212							272						
213							273						
214	1						274						
215							275						
216							276						
217							277						
218							278						
219							279						
220							280						
221							281						
222							282						
223							283						
224							284						
225							285						
226							286						
227							287						
228							288						
229							289						
230							290						
231							291						
232							292						
233							293						
234							294						
235							295						
236							296						
237							297						
238							298						
239							299						
240							300						
241													
242													
243													
244													
245													
246													
247													
248													
249													
250													
TOTAL NO.	18						TOTAL NO.						
TOTAL OFF.	196						TOTAL OFF.						
TOTAL	214						TOTAL						